State of Connecticut
Electronic Filing Test Package
Tax Year 2005
State changes are bolded

Form: CT-1040

Test: ***400-00-5705***
Based off Federal Test: 400-00-1009
Name: Test C Acappella

Home Address:	(4 QUARTET CTR)
City, State, and Zip:	(***MANSFIELD CT 06250***)

Form W-2 #1:

b. Employer identification number:	(43-7685943)
c. Employer's name address and Zip Code:	(SOLO CITY ORCHESTRA)
f. Employee's address and Zip Code:	(4 QUARTET CTR) (***MANSFIELD CT 06250***)
Box 15 State and Employer's state ID no:	(***CT 9007089000***)
Box 16 State wages, tips, etc:	(***25600***)
Box 17 State income tax:	(***446***)

20

0501100011

Form CT-1040 - 2005

Connecticut Resident Income Tax Return

Other taxable year, beginning: **2005** and ending:

400 - 00 - 5705 400 - 00 - 5755 S MFJ/QW Y MFS HH

TEST A ACAPELLA • Deceased

• Deceased

4 QUARTET CTR No forms CT-2210

• CT-8379 • Sch. CT-1040 CRC

MANSFIELD CT 06250 -

• DUET ACAPELLA

1.	Federal adjusted gross income (From federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4)	1.	25600
2.	Additions to federal adjusted gross income (From Schedule 1, Line 39)	2.	
3.	Add Line 1 and Line 2	3.	25600
4.	Subtractions from federal adjusted gross income (From Schedule 1, Line 50)	4.	
5.	**Connecticut Adjusted Gross Income** (Subtract Line 4 from Line 3)	5.	25600
6.	Income Tax (From Tax Tables or Tax Calculation Schedule)	6.	505
7.	Credit for income taxes paid to qualifying jurisdictions (From Schedule 2, Line 59)	7.	
8.	Subtract Line 7 from Line 6 (If Line 7 is greater than Line 6, enter "0".)	8.	505
9.	Connecticut Alternative Minimum Tax (From Form CT-6251)	9.	
10.	Add Line 8 and Line 9.	10.	505
11.	Credit for property taxes paid on your primary residence, motor vehicle, or both (From Schedule 3, Line 68)	11.	259
12.	Subtract Line 11 from Line 10 (If less than zero, enter "0.")	12.	246
13.	Adjusted Net Connecticut Minimum Tax Credit (From Form CT-8801)	13.	
14.	**Connecticut Income Tax** (Subtract Line 13 from Line 12. If less than zero, enter "0.")	14.	246
15.	Individual Use Tax (From Schedule 4, Line 69. If no tax is due, enter "0.")	15.	100
16.	**Total Tax** (Add Line 14 and Line 15)	16.	346

Clip Check or Money Order here (Do Not Staple).
Do Not Attach W-2, W-2G, or 1099 Forms.

0501100011 0501100011

17. Amount from Line 16		17.	346

W-2, W-2G, and 1099 Identification Information (only enter if Connecticut income tax was withheld)

	Column A Employer or Payer's Fed. ID #	Column B Connecticut Wages, Tips, etc.	Column C Connecticut Income Tax Withheld
18a.	43 - 7685943	• 25600	446
18b.	-	•	
18c.	-	•	
18d.	-	•	
18e.	-	•	
18f.	-	•	
18g.	-	•	

18h. Additional Connecticut withholding (From Supplemental Schedule CT-1040WH, Line 3.) 18h.

18. **Total Connecticut Income Tax Withheld** (Add amounts in Column C)	18.	446
19. All 2005 estimated tax payments and any overpayments applied from a prior year	19.	
20. Payments made with Form CT-1040EXT	20.	
21. **Total Payments** (Add Lines 18, 19, and 20)	21.	446
22. Overpayment (If Line 21 is more than Line 17, subtract Line 17 from Line 21.)	22.	100
23. Amount of Line 22 you want **applied to your 2006 estimated tax**	**23.**	100
24. Total Contributions of Refund to Designated Charities (From Schedule 5, Line 70)	24.	
25. **Refund** (Subtract Lines 23 and 24 from Line 22)	**25.**	

25a. Acct. Type Ck. Sv. 25b. Rout. # 25c. Acct. #

26. **Tax Due** (If Line 17 is more than Line 21, subtract Line 21 from Line 17)	26.	
27. If Late: Enter Penalty (Multiply Line 26 by 10% (.10))	27.	
28. If Late: Enter Interest (Multiply Line 26 by number of months late or fraction thereof, then by 1% (.01))	28.	
29. Interest on underpayment of estimated tax (From Form CT-2210)	29.	
30. **Total Amount Due** (Add Lines 26 through 29)	**30.**	

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than $5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here
Keep a copy for your records.

Your Signature •		Date •	Daytime Telephone Number •
Spouse's Signature (if joint return) •		Date •	Daytime Telephone Number •
Paid Preparer's Signature •	Date •	Telephone Number •(314)555-1008	Preparer's SSN or PTIN
Firm's Name, Address, and ZIP Code •			FEIN

Third Party Designee - Complete the following if you wish to authorize DRS to contact another person about this return.

Designee's Name	Telephone Number	Personal Identification Number (PIN)
•	•	• ____ ____ ____ ____ ____

Schedule 1 - Modifications to Federal Adjusted Gross Income

31. Interest on state and local government obligations other than Connecticut 31.
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 32.
33. *Allocated for Future Use* • 33.
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income 34.
35. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero) 35.
36. Loss on sale of Connecticut state and local government bonds 36.
37. *Allocated for future use* • 37.
38. Other - specify • 38.
39. **Total Additions** (Add Lines 31 through 38) 39.
40. Interest on U.S. government obligations 40.
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 41.
42. Social Security benefit adjustment (From Social Security Benefit Adjustment Worksheet) 42.
43. Refunds of state and local income taxes 43.
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities 44.
45. Special depreciation allowance for qualified property placed in service during the preceding year(s) 45.
46. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero) 46.
47. Gain on sale of Connecticut state and local government bonds 47.
48. *Allocated for future use* • 48.
49. Other - specify (Do not include out of state income)• 49.
50. **Total Subtractions** (Add Lines 40 through 49) 50.

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income 51.

		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code	52.	•	•
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (From Schedule 2 Worksheet)	53.		
54. Divide Line 53 by Line 51 (May not exceed 1.0000)	54.	.	.
55. Income tax liability (Subtract Line 11 from Line 6)	55.		
56. Multiply Line 54 by Line 55	56.		
57. Income tax paid to a qualifying jurisdiction	57.		
58. Lesser of Line 56 or Line 57	58.		

59. Total credit (Add Line 58, all columns) 59.

Schedule 3 - Property Tax Credit Worksheet

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	•	• MANSFIELD	•
Description of Property	•	• 1988BUICK	•
Date(s) Paid	•	•	•
	•	• 7/15/05	•
Amount Paid	60.	61. 259	62.

63. Total Property Tax Paid (Add Lines 60, 61, and 62.)	63.	259
64. Maximum property tax credit allowed	• 64.	**3 5 0**
65. Lesser of Line 63 or Line 64.	• 65.	259
66. Property Tax Credit Limitation Decimal Amount (If zero, enter amount from Line 65 on Line 68.)	• 66.	.
67. Multiply Line 65 by Line 66	• 67.	
68. Subtract Line 67 from Line 65.	68.	259

Schedule 4 - Individual Use Tax Worksheet

	Column A	Column B	Column C	Column D	Column E	Column F	Column G
•	10/1/05			1667	100	0	100
•							
•							
•							
•							

• Total of individual purchases under $300 not listed above

69. Individual Use Tax (Add amounts in Column G)	• 69.	100

Schedule 5 - Contributions

70a. AR	70a.
70b. OT	70b.
70c. ES/W	70c.
70d. BCR	70d.
70e. SNS	70e.
70f. MFRF	70f.
70. **Total Contributributions** (Add Lines 70a through 70f)	70.

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 2005

(99) IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2005, or other tax year beginning , 2005, ending , 20

OMB No. 1545-0074

Label (See instructions on page 16.) **Use the IRS label.** Otherwise, please print or type.

LABEL HERE

Your first name and initial	Last name	Your social security number
TEST A.	ACAPELLA	400005705
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
		400005755
Home address (number and street). If you have a P.O. box, see page 16.	Apt. no.	▲ You **must** enter your SSN(s) above. ▲
4 QUARTET CTR		
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.		Checking a box below will not change your tax or refund.
MANSFIELD CT 06250		

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 16) ▶ ☐ **You** ☐ **Spouse**

Filing Status

Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☒ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☐ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a . . . .
b ☐ **Spouse** . . . .

Boxes checked on 6a and 6b

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit (see page 18)
			☐
			☐
			☐
			☐

If more than four dependents, see page 18.

No. of children on 6c who:
- **lived with you**
- **did not live with you due to divorce or separation (see page 18)**

Dependents on 6c not entered above

d Total number of exemptions claimed . . . . **Add numbers on lines above ▶**

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use **Form 1040-V.**

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	25,600
8a	**Taxable** interest. Attach Schedule B if required			8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b			
9a	Ordinary dividends. Attach Schedule B if required			9a	
b	Qualified dividends (see page 20)	9b			
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 20)			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐			13	
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions	15a		**b** Taxable amount (see page 22) 15b	
16a	Pensions and annuities	16a	57,500	**b** Taxable amount (see page 22) 16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits	20a		**b** Taxable amount (see page 24) 20b	
21	Other income. List type and amount (see page 24)			21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	25,600

Adjusted Gross Income

23	Educator expenses (see page 26)	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	One-half of self-employment tax. Attach Schedule SE	27			
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction (see page XX)	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid **b** Recipient's SSN ▶	31a			
32	IRA deduction (see page XX)	32			
33	Student loan interest deduction (see page XX)	33			
34	Tuition and fees deduction (see page XX)	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 31a and 32 through 35			36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37	25,600

ACAPELLA 400 00 5706

Tax and Credits

Standard Deduction for—
- People who checked any box on line 39a or 39b **or** who can be claimed as a dependent, see page 31.
- All others:

Single or Married filing separately, $5,000

Married filing jointly or Qualifying widow(er), $10,000

Head of household, $7,300

38	Amount from line 37 (adjusted gross income)		38
39a	Check if: ☐ **You** were born before January 2, 1941, ☐ Blind. ☐ **Spouse** was born before January 2, 1941, ☐ Blind. **Total boxes checked** ▶ **39a**		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here ▶ **39b** ☐		
40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40
41	Subtract line 40 from line 38		41
42	If line 38 is $109,475 or less, multiply $3,200 by the total number of exemptions claimed on line 6d. If line 38 is over $109,475, see the worksheet on page 33		42
43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43
44	**Tax** (see page 33). Check if any tax is from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972		44
45	**Alternative minimum tax** (see page 35). Attach Form 6251		45
46	Add lines 44 and 45 ▶		46
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see page 37). Attach Form 8901 if required	52	
53	Adoption credit. Attach Form 8839	53	
54	Credits from: **a** ☐ Form 8396 **b** ☐ Form 8859	54	
55	Other credits. Check applicable box(es): **a** ☐ Form 3800 **b** ☐ Form 8801 **c** ☐ Specify ______	55	
56	Add lines 47 through 55. These are your **total credits**		56
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ▶		57

Other Taxes

58	Self-employment tax. Attach Schedule SE	58
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60
61	Advance earned income credit payments from Form(s) W-2	61
62	Household employment taxes. Attach Schedule H	62
63	Add lines 57 through 62. This is your **total tax** ▶	63

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2005 estimated tax payments and amount applied from 2004 return	65	
66a	**Earned income credit (EIC)**	66a	
b	Nontaxable combat pay election ▶ 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 54)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 54)	69	
70	Payments from: **a** ☐ Form 2439 **b** ☐ Form 4136 **c** ☐ Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your **total payments** ▶		71

Refund

Direct deposit? See page 54 and fill in 73b, 73c, and 73d.

72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you **overpaid**		72
73a	Amount of line 72 you want **refunded to you** ▶		73a
▶ b	Routing number ▶ **c** Type: ☐ Checking ☐ Savings		
▶ d	Account number		
74	Amount of line 72 you want **applied to your 2006 estimated tax** ▶	74	

Amount You Owe

75	**Amount you owe.** Subtract line 71 from line 63. For details on how to pay, see page 55 ▶		75
76	Estimated tax penalty (see page 55)	76	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name ▶ Phone no. ▶ ( ) Personal identification number (PIN) ▶

Sign Here

Joint return? See page 17.

Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code		EIN	
		Phone no. ( )	